

**Resilience – and Deaf Children – current knowledge and future directions.**

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**Abstract**

Resilience, in its numerous theoretical manifestations, is a framework that has scarcely been applied to an understanding of the experiences of deaf children and families, nor to specific interventions in relation to this group. This article critically reviews mainstream (i.e. non-deaf related) resilience literature to analyse its intersection with the concerns of the deafness field. In particular it focuses on: the implications of failing to account for the social construction of outcomes orientated definitions of resilience given the medical, social and cultural definitions of what it is to be deaf; the inherent difficulties in perception of deafness as risk; the dangers of the over-individualisation of resilience in the contexts of deafness and disability; the potential reframing of resilience as navigation through the experience of being deaf in worlds that fail to accommodate and/or actively deny that experience; the extent to which resilience-related psychosocial factors are different or differently achieved in the case of deaf children; whether well established resilience building interventions in the mainstream world are already established in the context of deaf children, but just not labelled that way; and how the analysis of the small corpus of resilience specific work with deaf children and families might reveal the direction of further empirical study.

## **Resilience and Deaf Children – current knowledge and future directions**

### **Introduction**

This article is concerned with the study of resilience and deaf children. It is based on a comprehensive literature review<sup>1</sup> which began with the intention of systematic analysis of evidence drawn from studies of resilience in the context of deaf children and families. The rapid realisation that there was very little published work on that subject, or more precisely work that specifically used that particular term or framework(s), led us to consider more broadly the industry of resilience research. We became interested in how and why the perspective of resilience had somehow passed by research in the field of deafness, or was it simply going on in any case but just not labelled that way? Was it a case of lack of knowledge, or is there a reluctance to apply the range of insights and studies drawn from mainstream (i.e. non-deaf related) work to the specific case of deaf children and families? Is there something problematic or dangerous about thinking about resilience and resilience models in relation to deaf children? This paper sets out to answer those questions, beginning with a critical introduction about how difficult it might be to pin down what we mean by a resilient outcome, before analysing in depth specific intersections between resilience work and the particular contexts of deafness, deaf children and families.

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## **Background**

'Resilience' is one of those words. Rather like 'empowerment' it is commonly used yet can be difficult to define whilst being easily applied to a vast range of issues and contexts. Part of the problem of definition is that conceptually it is not a single entity. This is not only because it has multiple definitions per se. Rather, within different frameworks, and sometimes even the same framework, (psychological, socio-political, developmental, educational, medical, lay...) it is used in different ways and this variation in usage creates not only differences in approach but differences in meaning, methodology and consequence. A problem of translation between English and BSL (British Sign Language) makes the point eloquently.

Two team members were discussing this resilience literature review project in BSL. One used a sign for resilience akin to that of 'protection' with the direction of the movement of the sign towards the body. For her, at this point, a primary meaning of resilience was the opposite of risk – what was it (the factors, processes and mechanisms) that acted to protect the individual against adverse consequences of stressful, traumatic or disadvantageous life experiences? It drew attention to the individualised and to some extent internalised nature of psychosocial features such as repertoires of coping skills and positive cognitions. The other took up the discussion and used a sign akin to that of 'resistance', with an outwards movement of a closed fist away from the body and upwards. For her resilience was that which enabled one to fight back and continue to dismiss those features and processes of a world that might seek to diminish all of which one was capable. It drew attention to the influence of societal attitudes and structures

which could discriminate and disadvantage and against which one could take action.<sup>2</sup>

Both signs are right. Both meanings are correct. Yet in their contradiction, lies an essential problem in seeking to understand what we know and what we do not know about resilience and deaf children. Namely, that knowledge and its interpretation, cannot be divorced from the framework in which it is produced. Indeed, the frameworks in which research is pursued make assumptions about how resilience operates, assumptions we may want to question when thinking about deaf children and families.

Commonly in the literature pre-defined *outcome* definitions of resilience dominate analyses of process without either a questioning of the definition of the resilience outcome in the first place, or a complex enough study of the pathways and processes to that a priori outcome. A particular study of resilient care leavers (Jackson and Martin, 1998) is a case in point, but this is a methodological problem that spans a great many studies (e.g. Hampson et al, 1998). In this former example, resilience is defined by the display of exceptional academic success against the odds. Therefore, subjects are classified into a successful or unsuccessful group against this criterion then differences between the two groups are investigated. What differentiates the groups against the agreed outcome definition provides the window on what constitutes resilience. The problem is that the a priori definition of what counts as a resilient outcome constrains the nature of the analysis, in that rather two dimensional connections are sought between variables that might differ between the two groups and the outcome. Also, as Rutter (2000) eloquently argues, a variable is hardly a mechanism (it does not explain pathway

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<sup>2</sup> Interestingly, at a later stage of the project an interpreter was seen to sign resilience using a construct best glossed as 'steeliness which endures over time', whilst another preferred a sign akin to 'ability to put up with things'. There is no consistent recognized sign (or sign expression) in British Sign Language to translate resilience.

to outcome) and whilst presence of enabling factors may be taken as connected with resilient outcomes, this is absolutely not the same as saying their absence accounts for why a resilient outcome is not achieved. There is no automatic inverse law.

Furthermore, we may want to question exceptional academic success as a definition of resilience in the first place.

Indeed, it has been well, if infrequently, argued (Seráfica, 1997; Ungar, 2004; McAdam-Crisp, 2006) that one of the problems of much resilience literature is that it fails to acknowledge the socially and culturally constructed nature of the outcome definitions of resilience (e.g. academic success as normative social good). Grover (2002; 2006), argues children's attempts at survival and being resilient with dignity under difficult conditions, are often interpreted as evidence of psychopathology or conduct disorder, particularly if they involve the breaking of social or legal rules. For example, children protesting against institutionalised care conditions by running away or completely rejecting the value of education, rules or social conformity could debatably be seen as resilient, but according to different outcomes and criteria from those normally invoked (Cirillo, 2000; Green, 1998; Morgan, 1998).

Our general point here, in drawing out these extended examples, is that if we are in part to analyse the mainstream (non-deaf related) literature on resilience in an attempt to assess its implications for deaf children and families, we must do so acutely mindful of the underlying assumptions of framework, design and method that have driven the knowledge conclusions of studies we might identify as relevant. With that in mind, we consider first the implications of how resilience as a concept has been constructed and operationalised when we translate it into the highly specific context of deafness and deaf

children. By this we mean its political as well as psychosocial, developmental, and educational contexts (academic and professional). Thus having problematised the notion of resilience in its application to deaf children, we go on to consider the importance of some of the mainstream findings for this context as well as reviewing the small amount of literature that already exists and specifically considers resilience and deaf children and families. We begin, however, with a brief description of the methods associated with this review.

### **Methods**

An electronic data base search was carried out using the term resilience combined with child, family, youth, young people, teenagers, or adolescent. The data bases used were Psychinfo/Psychlit, CINAHL, ASSIA, Social Sciences Citation Index and abstracts of dissertations and theses for the years 1985 to 2006. Anything not published in English was excluded. This search yielded a total of 3,486 hits. A search was carried out of the terms deaf, hearing impairment, hard of hearing in combination with resilience, yielding a total of 31 hits. Additionally a further search was carried out using deaf, hearing impairment and hard of hearing combined with child, family, youth, and risk. This search yielded a further 152 hits. An initial filter applied to all searches excluded any abstracts that were of only tangential relevance; for example work on the resilience of language in the context of sign linguistics, or resilience in the context of advertising strategy. This left a total of around 2000 potentially relevant items. Of these 130 were requested in full text. Criteria for the selection of these items as full text were: (i) items that involved a conceptual review and/or conceptual argument concerning the definition and/or use of the

concept of ‘resilience’; (ii) items that involved a review or meta analysis of specific factors and/or processes that affected and/or built resilience; (iii) items that focussed on resilience in the context of disabled children and families; (iv) items that considered a resilience related factor potentially of particular relevance to deaf children although pursued in a different context e.g. educational attainment; (v) any item that was concerned directly with deaf children and resilience. Requested items were identified by the two of the researchers working independently having first agreed the boundaries and relevance criteria.

The following does not set out to be a systematic review of resilience and deaf children, nor a formal meta analysis. Rather it is an exploratory review of the scope and relevance of the concept of resilience in its application to deaf children and families based on an analysis of non-deaf related literature and the application of those findings to the field of deaf children and families.

### **Resilience as a concept in the context of deaf children and families.**

In general terms, resilience is used to refer to the factors, processes and mechanisms that in the face of significant risk/trauma/adversity/stress/disadvantage nonetheless appear to work to enable an individual, family, or community to survive, thrive and be successful (regardless of how those outcomes may be defined). To Rutter (1987) it is: “the positive pole of individual difference in people’s response to stress and adversity”; to Booth and Booth (1998): “the ability to cope with lives filled with difficulty”; to Bland et al (1994): “the ability to thrive or bounce back from adverse experiences...”. Although significant differences exist in the extent to which writers emphasise resilience as the counterweight



to psychopathology (Rutter, 2000); resilience as the generally required adaptability to significant challenges that in turn strengthens us to cope in the world (Singer and Powers, 1993); as inherent traits and/or acquired skills (Rigsby, 1994; Bartelt, 1994); as processes in context (Cohler, 1987; Jacelon, 1997; Ungar, 2004); or as outcomes (Jackson and Martin, 1998; Olsson et al, 2003); one thing remains constant: namely, the definition of something as risk / adversity/ trauma/ stress/ disadvantage, in the light of which we recognise resilience. In this respect, Rutter (2000) makes a telling point in suggesting that one of the methodological problems with much research on resilience is that it does not actually clearly enough define or justify that source risk. Has the adverse experience or disadvantage really been proven to be such, so that the consequent identified features and processes of resilience are valid? It is in response to this question/dilemma that we find our first intersection with the specific context of deafness and deaf children and families.

#### The problems of deafness as 'risk' in the face of which one is resilient

We must ask ourselves how and why deafness may be regarded as risk in the face of which a child and/or their family may be resilient and the effects of the implications of risk we draw for how we define and promote that resilience. Fundamentally, the definition of deafness as risk/trauma/stress/adversity/disadvantage is not without its problems. In this respect there are three issues.

We do know that deafness in childhood (particularly early childhood and severe to profound deafness) is linked developmentally with a greater likelihood of a host of less than optimum outcomes, be they in the domains of literacy (Conrad, 1979); mental health

(Hindley et al, 1994; Hindley, 1997; Hindley and Kitson, 2000; Sinkkonen, 1998); social and cognitive functioning (Greenberg and Kusche, 1989; Marschark, 1993) educational achievement (Powers and Gregory, 1998); vulnerability to abuse (Obinna, 2005; Sullivan et al, 2000); future employment and socio-economic opportunity (Dye and Kyle, 2000). However, this is not the same as saying deafness itself is a risk factor for such outcomes. Rather deafness in a range of familial, social and institutional contexts may interact with variables and process that render its disadvantaging effects more likely. A classic example in this respect is that of child protection. Deafness does not necessarily render deaf children more vulnerable to abuse, but care and educational circumstances where there are fewer opportunities to be able to communicate effectively with adults to discuss protection and/or disclose abuse may make deaf children more likely targets for abusers (Kennedy, 1989; Sullivan et al, 1987). These kind of interactions between trait and environmental contexts and processes, are what Rutter (2000) describes as “proximal risk mechanisms” (p.653). In our case, deafness may be a risk indicator but is not of itself a risk mechanism. Therefore risk factors as well as mechanisms and their domains of operation require separate and highly detailed, context-specific identification.

The second issue in thinking about deafness as risk/trauma/adversity/disadvantage stress in the face of which one wishes to define and/or promote resilience also questions the nature of the relationship between deafness and disadvantage but from a socio-political perspective. If one accepts the notion of Deafness as a defining feature of culturo-linguistic identity (Lane et al, 1996; Padden and Humphries, 1988), rather than an audiological impairment, then the nature of the risk/adversity/disadvantage/trauma/stress associated with it concerns the failure to enable deaf children to have developmental

opportunities to realise that identity. Paradoxically, from this perspective, resilience could be defined in outcome terms as the achievement of a signing Deaf identity and membership of the Deaf community, despite the range of hearing orientated discourses and institutionalised preferences (oral education; cochlear implantation; medical model understanding of deafness as impairment) that might work against such achievement through one's childhood (Ladd, 2003). In other words, resilience is resistance to conformity or imposed normative expectations, a little explored approach in the mainstream literature.

The third issue is also connected with how comfortable or not we might feel about defining deafness as an undesirable trait to be overcome or survived (Woolfe and Young, 2006). There is a significant danger residing in a discourse founded on notions of achievement and success 'despite' deafness, or through 'overcoming' deafness. Firstly, it is too easy to elide resilience and success, so that resilient deaf children become those who succeed, and those who do not become defined as not resilient. Secondly, as the disability movement has successfully critiqued, the discourse of overcoming one's disability as evidenced through achievement does two things. It makes any kind of achievement exceptional, thus demonstrating and reinforcing the normative low expectations that society may otherwise have. Thirdly, it diminishes what may be of value in simply being who one is capable of being, or content to be, (rather than having to be a heroic figure who overcomes despite the odds). Our point here is that resilience, if used to indicate a remarkable or exceptional trajectory for deaf children, runs the risk of, paradoxically, reinforcing low expectations for the majority and making success unexpected rather than normal.

The problem of the individualisation of resilience in the context of deaf children

As we have already discussed there is a general problem in defining resilience in terms of specific outcomes – both in terms of the social construction of the desirable outcome and in its implications for which aspects of process may be simplified or ignored.

Nonetheless, if one is interested in resilience, its definition in this context and how it might be enabled, one cannot avoid the fundamental question of ‘what might count as thriving for deaf children’? In one sense it could be argued that this should be no different than what counts as thriving for any child. Indeed in the English context, child care law and social policy/practice is now guided by 5 universal outcomes for all children: stay safe; be healthy, enjoy and achieve, make a positive contribution and achieve economic well being ([www.everychildmatters.org.uk](http://www.everychildmatters.org.uk)), although it is acknowledged that the pathways to them may differ in different circumstances. However, there is a fundamental danger of defining thriving as a matter for the individual and consequently the resources required lying within the grasp of the individual (to be recognised, acquired or deliberately taught).

Much of the mainstream resilience literature within psychological, psychosocial and psychopathological frameworks, takes this orientation (McCreanor and Watson, 2004). Individuals are perceived to vary in their capacity to cope with, adapt and overcome risk/disadvantage and individuals can acquire (or be equipped) with the knowledge, skills and practical techniques (Gilligan, 1998) that enable them to be more resilient in the face of such risks. There is a long history of work that identifies such resilience building or resilience identifying factors as lying within the mastery of the individual

(e.g. Tuttle et al, 2006; Oliver et al, 2006). Our argument is not that these individual based traits and characteristics are irrelevant in the case of deaf children and families; indeed we will go on to examine why some of them may be particularly important and/or particularly difficult to effect in relation to deaf children. Rather our point at this stage is that the *individualisation of resilience* distorts significantly the life context of deaf children in which they may be seeking to be resilient.

Deaf children in common with disabled children and other marginalised groups are subject to the considerable influence of institutional and structural discrimination as well as the social processes of stigma and additionally the consequences of communication disadvantage. For example, we know that, in the UK context at least, deaf adults are less likely to enter higher education (Powers and Gregory, 1998); to be significantly under and un-employed in comparison with their hearing peers (Dye and Kyle, 2000); and to face barriers to employment that are a consequence of communication ability/preference as well as hearing loss (RNID, 2006). More generally, in what has famously been term phonocentrism (Corker, 1989), the hearing world is not one that is easy to navigate for those who do not rely on hearing and in which they may be cast as outsiders. This attention to the socio-structural context is important in reminding us that the roots of risk and resilience do not wholly, nor perhaps should even be primarily understood, to lie within the individual. Distal mechanisms, those involving macro contexts such as socio- political processes may either be of imperative importance in themselves, or for their influence on the micro context of individual and family.

This insight challenges a trajectory of resilience building that exclusively seeks to educate, resource and equip a child/young person with tools to better navigate the

potentially adverse consequences of their deafness without also fundamentally tackling the contribution of social systems (including professionals' attitudes and behaviour) to that risk and disadvantage. Indeed the wider debate exists about whether in focussing on resilience we are in fact inappropriately transferring both blame and responsibility onto individuals to function well, rather than dealing with some of the overriding factors associated with their risk of not thriving and which create the processes and contexts of adversity in the first place. If we follow this argument to its logical conclusion we should quite rightly question approaches to understanding and building resilience that assume to know what it is in terms of the individual and how to build it in them:

“In the past, there has sometimes been a wish to search for the hallmarks of resilience, as if once one knew what it ‘looked like’, it should be a relatively straightforward matter to design intervention to bring it about. That no longer appears a sensible aim.” (Rutter, 2000, p. 675)

#### Resilience, families and deaf children – more of the same?

Another deafness specific (although not deafness exclusive) issue in thinking about the application of the concept of resilience, concerns the implications of addressing the family as the unit of analysis; or more particularly the family in the context of developmental vulnerability and deafness as unexpected family event. The role of the family as fundamental to maximising desirable developmental outcomes for deaf children is firmly established. Largely in the domain of hearing families with deaf children, there is an industry of work on parenting, early intervention and family support including work

on the characteristics of families that may promote more successful outcomes for deaf children (e.g. Calderon and Greenberg, 1993; Feher-Prout, 1996; Hintermair, 2000; Hintermair, 2006; Pollard and Rendon, 1999; Watson et al., 1990; Young, 2003). Also, the nature of the processes and difficulties families may have in coming to terms with a child's deafness and in adapting well for all family members is a crucial topic of interest (e.g. Greenberg et al, 1997; Luterman, 1987; Marschark, 1997; Young, 1999; Young and Tattersall, 2007) - again usually with the longer term aim of avoidance of problems and maximising of potential and positive outcomes.

This backdrop leaves us with an interesting question. In asking about resilient families and deaf children, are we in fact asking about anything different from the traditional topics of family support/intervention and family adjustment/acceptance? Certainly if one considers the literature on disabled children/special needs, families and resilience, it can appear that well established issues have simply been rebranded as matters of resilience (e.g. Patterson, 1991). Indeed this line of reasoning would explain why we found so very little in the literature concerning deafness and resilience – the rebranding is yet to have hit our field.

On the other hand, in its conceptual elaboration, are there new ideas, or old ideas that in their reframing, provoke insight, originality or changes of emphasis that would refresh our knowledge about what constitutes a family/family processes that might work for deaf children? This is a question yet to be explored through research with deaf member families, including those where parents of deaf children may be deaf themselves.

**A closer look at characteristics and factors associated with resilience – protection and navigation**

Much of the mainstream resilience literature is concerned with identifying and understanding those characteristics and factors (be they internal and/or environmental) that enable resilient processes and outcomes to occur. Leaving aside for one moment the issue of whether and how, once identified, these can be promoted and acquired, it is interesting to note that there are different, but to some extent overlapping, conceptualisations of the nature of the relationship between identified characteristics/factors and resilience itself.

On one level the issue is firmly that of *protection*. Namely, in seeking to identify characteristics and factors that enable resilience what one is actually doing is seeking to understand what it is that obviates against risk, or reduces the likely adverse consequences of the risk to which the individual may be vulnerable (Dyer and McGuinness, 1996; Hill, 1998; Rutter, 1995). In this respect, attention has been paid to: (i) internal psychological characteristics and personality traits: e.g. intelligence, positive cognitive processing of negative experiences, good self esteem, strong self efficacy, effective coping strategies, internal locus of control, sense of purpose/goal orientation, optimism, creativity, perseverance, self-understanding, and desire to learn, to name but the most frequently occurring (Bland et al, 1994; Gillham and Reiwick, 2004; Valentine and Feinauer, 1993; Waaktaar et al, 2004); (ii) interpersonal repertoires of psycho-social competencies: e.g. pro social behaviour; good communication, including problem solving communication; good naturedness in such a way as to gain other's positive attention; social competence, (Bland et al, 1994; Dyer and McGuinness, 1994; Joseph, 1994; Olsson



et al, 2002); and (iii) socio-cultural characteristics: positive values; faith, spirituality and religious belief; ideological commitment (Hill, 1998; Valentine and Feinauer, 1993; Walsh, 1998). As discussed previously the mechanisms through which these factors may realise their protective function is itself heterogeneous and complex. Our point here is simply that one way of understanding the importance of identifying factors associated with resilience is to understand them in terms of how they protect<sup>3</sup> against risk and thus enable resilience, a relationship sometimes termed “protective and promotive” (Ostazewski and Zimmerman, 2006).

Another way of understanding the relationship between identified factors and resilience is in terms of what we are choosing to call *navigation of experience*. That is to say, what are the factors that may enable one successfully to steer through the life course in such a way as experience impacts positively and/or one can overcome its potentially negative effects? Sometimes referred to in the literature as “environmental assets” (Rogers, Muir and Evensom, 2003), this perspective would include: (i) factors associated with experiential learning such as: the expansion of opportunity of experience, in terms of both quality and quantity; strengths-based experiences that confirm competence and promote positive self esteem; opportunities for the completion of important life transitions; experiences of taking responsibility; opportunities for the development of problem solving attitudes and behaviours; experiences of participation in a wide variety of social contexts; (Floyd, 1996; Gilligan, 2000; Johnson, 2003; Hill, 1998; ); and (ii) familial, educational and social conditions as a resource for the development of the skills and competencies to negotiate the challenges of every day life: e.g. emotional and

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<sup>3</sup> We acknowledge that there is a large body of work that seeks to understand the mechanisms of protection in relation to resilience, distinguishing for example between buffer effects and mediation effects. However, it lies outside the scope of this review to consider that work in detail.

practical family support resources and systems; role models and mentors; positive peer groups and peer support; good teachers, a trusted adult whether in or outside the direct family (Beltman et al, 2006; Gilligan, 1998; Grover, 2006; Waakter et al, 2004). As Walsh (2002; 2003) has suggested, from this perspective, resilience is not an achieved outcome, or incident specific response, but a life-long way of being. Indeed taken to its logical conclusion resilience can never be defined as bouncing back (from adversity) into one's previous state, but only as bouncing forward to something new and expanded about oneself.

Clearly, once one returns to the levels of process and mechanisms in understanding how factors may enable resilience, then the two categories we have created of protection and navigation have considerable overlap. For example, emotionally supportive family environments are not just a resource that might enable the confident tackling of new experiences but may be also a significant pathway into positive self esteem, itself a protective factor in the face of adversity. Indeed Rutter who writes extensively about protective factors/mechanisms in the context of resilience, makes the connection between that emphasis and what we have termed navigation, by suggesting that we should view resilience as the *cumulative successful handling* of manageable difficulties which may inoculate against some future stresses (Rutter, 1993; 1999).

Nonetheless, the distinction between protective factors (including notions of protective processes) and what we are terming factors associated with the successful navigation of experience is helpful in thinking about the deaf child and family context. It is about reframing. If we are quite rightly questioning the validity of rather simplistic notions of deafness as risk and resilience as evidence of the individual's success despite

the adversity of being deaf, then reframing resilience in terms of the successful navigation of the experience of being deaf in a world that creates risks that might impede self fulfilment, safety and achievement, is pertinent. It enables us to begin to think about what it is about deaf children's experiences that make the factors we have identified and their associated processes and pathways difficult to achieve, or only differently achieved, when we think about deaf children and families. It forces us to address the social and environmental contexts in which a deaf child is 'becoming' rather than simply 'being' and how those contexts can be manipulated to reveal or create resilience. Thus emphasis is diverted from the responsibility of the individual to be/become resilient to the responsibility of families/ professionals/ peers/ social groups/ society to respect and promote conditions in which deaf children discover and develop their resilience.

The problem is that most of the deafness specific resilience literature that exists does not fundamentally begin from this perspective on resilience, but rather rehearses the risk based, outcomes orientated individualised approaches to resilience that as we have already discussed, are questionable in this context (see following section). Nonetheless, there is a significant corpus of deafness specific literature that is highly consistent with this emphasis on navigation of experience and promotion of protective strategies and processes in the face of risk and adversity.

The seminal work of Greenberg and colleagues is focussed on the promotion of the cognitive, social and emotional development of deaf children/ young people (e.g. Calderon and Greenberg, 1993; Greenberg and Kusche, 1993; Greenberg et al, 1995; Greenberg et al, 1997). It contains many features coherent with a focus on resilience but choosing not to go by that label: an emphasis on positive psychology (skills building, not

deficit remediation); an attention to the need for psychological, behavioural, social and communicative resources that better suit and challenge less than optimum environmental conditions; a methodology expressly designed for their acquisition and sustainability. The following would not be out of place in much resilience-framed work:

“A... challenge for deaf youth is meeting the demand presented by daily hassles in a way that allows them to have positive interactions with others and to negotiate the hearing world. To meet these challenges and to show healthy social adjustment and relation with both deaf and hearing peers and adults, effective integration of affective, cognitive and behavioural skills is essential. This is likely to require active problem solving, effective utilization of support systems, and cognitive strategies that enhance one’s beliefs about control and efficacy”  
(Greenberg et al, 1997, p. 318)

Their work, in its theoretical underpinning, elucidates what we may term deafness specific psychosocial issues that can give rise to greater risk of adverse outcomes (notwithstanding our previous points about proximal and distal risk mechanisms). As they summarise:

“... there is an unusually high incidence of deaf children who experience communicative delays, and these in turn, may lead to both delay in social-cognitive skills and psychosocial disorders that range from poor peer relationships to more serious behavioural and emotional difficulties.” (Greenberg et al, 1997)

They go on, in their invention and testing of the PATHS (Promoting Alternative Thinking Strategies) curriculum successfully to foster greater repertoires of those skills

and abilities in deaf children that much resilience work identifies as protective and promotive (Greenberg and Kusche, 1993; Greenberg et al, 1995).

So does it matter that work such as this, and we could point to a large corpus of work pertaining to psychosocial features of deafness (see Marschark and Clark, 1993; 1998), whilst relevant to an understanding of resilience, does not actually distinguish itself as such? We return to this point at the end.

### **Specific resilience research in the context of deaf children/deaf young people**

Applying a strict definition of resilience research in deafness (i.e. one that specifically utilises resilience theory and models), we were only able to locate three publications (Charlson, Strong and Gold, 1992; Charlson, Bird and Strong, 1999; Rogers, Muir, Evenson, 2003) that empirically applied resilience as a framework for their investigation and/or analysis, and one further publication that argues for resilience as evidential from deaf adults' narratives of childhood (Steinberg, 2000). However, as previously demonstrated, there is a mountain of other work that tangentially would be of relevance to just about any factor or process one may associate with resilience, and a range of autobiographical accounts from which one could derive evidence of resilience if one deliberately looked at them through that particular lens. However, in this section, we confine ourselves to an analysis of that published work that has specifically adopted a resilience theoretical framework in its execution. The one exception in this regard is that resilience in the context of deafness has acquired some currency in the field of sign linguistics where it is a term used to denote those features of language that appear in deaf children's communication systems whether or not they have been exposed to a

conventional language model (Goldin-Meadow, 2003, Chapter 16). These linguistics sources are not regarded as relevant for this purpose.

Both Charlson et al (1992; 1999) and Rogers et al (2003) use a rather simple outcomes-derived approach to investigating resilience in deaf young people. That is to say, they identify (through others' nomination) deaf young people regarded as outstandingly successful then investigate them (through case study, interview, others' observations) to identify those factors associated with success, which are then presumed to be synonymous with resilience. In effect, these studies fall into the traps we have earlier identified of circular reasoning in which variables are confused with mechanisms and a priori definitions of successful outcomes set the framework for the identification of resilience. They also firmly locate deafness as adversity and risk without an exploration of how those concepts are themselves, in part, socially constructed and perpetuated, rather than being self evidently the case. Finally, they reinforce the notion of resilience being associated with exceptional achievement, rather than resilience being associated with normative functioning for best possible outcome - this latter view perhaps best summed up through the application of the delightful term "ordinary magic" (Masten, 2001).

That said, what is interesting about these studies is that they claim to have identified that the factors associated with resilience in deaf young people are highly consistent with those identified with children and young people in the non-deaf related literature and in a wide variety of risky, disadvantaged and adverse conditions. Of course these conclusions may be an artefact of using well established resilience frameworks as the basis for the analysis of some of the deaf young person derived data. Nonetheless,

from the data shared in these papers one can recognise the significance of such characteristics as perseverance, self belief, the importance of a mentoring adult and positive peer relationships, which are common to a whole raft of studies in other spheres. Perhaps this gives us an indication that there is more that unites the experience of deaf children/young people with those who are not deaf than distinguishes their experience?

Yet if one looks closely into the same papers one finds testimony of aspects of familial and social relations that are consequential on deafness such as extreme communication deprivation between some children and their parents. This raises the question of whether there are ‘special’ conditions surrounding the deaf child experience that transform the significance and operation of some of the identified resilience features that are seemingly consistent with the non-deaf literature? Very little has been considered in this respect. However, in terms of available evidence, Rogers et al, (2003) begin to take us along this road in deliberately confining their interest in resilience to a highly specific feature of the deaf context; success as defined by the ability to bridge Deaf and hearing worlds. In so doing, they begin to highlight a largely untapped area of research, namely whether there are context or population specific variations that may create new identifications of resilience factors/processes which in turn are of either bespoke or more general relevance. In this case, they posit the notion of “comfort with solitude” being vital to the resilience repertoire for deaf young people. Whether it is to other young people who are not deaf is thus now raised as an interesting question.

Certainly, Steinberg (2000) argues strongly that: “Deafness serves as an exceptional model for the study of adaptation and resilience, particularly in relation to the emergence of a sense of self.” (p. 105). Taking as her starting point the commonly

disrupted and degraded nature of communication between deaf children and their hearing parents/ developmental environments, she argues that one the most enduring effects of deafness is the inability to create, explore, understand or express narratives about oneself and others. If shared communication between child and caregiver is poor and inconsistent, and the world is one where information is difficult to establish, and knowledge/experience through language hard to acquire, then she argues the deaf child is potentially faced with: few internal resources to build a narrative sense of self and make sense of the world around; the consistently inappropriate burden of responsibility for trying to make communication with others work; lack of access to the emotional lives of others; reduced experiences of empathic communication; consistent social experiences of isolation. For her, the adaptations to these common experiences revealed in the narratives of deaf adults looking back (whether drawn from research or clinical populations) are both evidence and definitions of resilience in the context of deaf childhoods.

Interestingly for her resilience may quite legitimately encompass strategies that looked at through a normative developmental psychology lens may be regarded as significantly maladaptive or even disturbed. But she emphasises throughout her work, that if such strategies were all that was available to that particular child then the fact they existed was evidence of that child's resilience – they did not go under in the most adverse conditions of communication deprivation. In this respect she recounts the child of eight who was sent home from school because her father had died, but there was nobody who could explain this to her, and there was almost no communication in the family. All she knew was that her father had disappeared:



“Confused and bereft of landmarks or ways of responding, she placed her father’s rowboat on the lake, sat on the boat near the dock and described everything to the moon. She recalled that the moon comforted her and answered her questions...This quiet dialog with the moon *exemplifies the resilient child* who invents a ‘God of listening’ to quell the ‘yearning for witnessed significance’ (Fleischman, 1989).” (Steinberg, 2000, p. 98, emphasis mine)

### **Resilience enabling<sup>4</sup>, deafness and future research**

Our review thus far, has identified some of the potential difficulties in applying resilience frameworks to the situation of deaf children and families; has identified the factors and processes that across a whole range of contexts consistently reoccur when considering both protective/promotive and navigatory understandings of what we may mean by enabling resilience; have considered in relation to them that there is much work in deafness of relevance implicitly or by proxy; and that work in deafness which is specifically resilience-led is rather restricted. So does this bring us to the point where it is possible to identify those strategies, interventions, behaviours or conditions that might promote resilient families of deaf children, and ultimately resilient young deaf people? Certainly this what works kind of question is of contemporary interest as evidenced in Newman’s 2004 review “What Works in Building Resilience” in which he reviews over 300 studies in varying contexts to define “resilience building” features and strategies that

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<sup>4</sup> We prefer the term resilience enabling to resilience building in order to avoid any overly narrow assumptions of equipping the individual or family without acknowledging the significance of socio-structural factors in the facilitation of resilience (such as challenging discriminatory attitudes).

have direct implications for professional practice. (It is perhaps of note within such a comprehensive review only two identified studies even tangentially involve disabled children and none involve deafness). However, as Newman (2004) remarks:

“The difficulties of translating the theory of resilience into concrete strategies should not be underestimated, especially where children are facing severe adversities or unpredictable life paths.” (2004: 68)

In other words, there is a step between identifying what is of relevance and actually seeking to operationalise that in practice and subsequently evaluate the effects of such. Just because we know, for example, that encouraging risk taking within a supportive structure might be helpful in building resilience we do not necessarily know, without more work, why and how to translate this knowledge into a practice that might encourage such an effect. Furthermore, where research has been undertaken on the application of theory-into-practice for resilience (e.g. Buchanan, 2004; Raybuck and Hicks, 1994; Wasmund and Copas, 1994) the extent to which those findings are context-bound is of vital importance given the added considerations of the deaf child and family context we have already rehearsed. For example, the promotion of risk taking for deaf children occurs typically in a context of communication mismatch or disadvantage in common social/educational situations, thus potentially threatening the extent to which the performance of risk taking behaviours can be positively reinforcing without considerable attention to context.

We would argue this is exactly the kind of research that is yet to be undertaken in the deafness field where currently we have the rather paradoxical situation of: (i) research

that by proxy is highly relevant to the enabling of resilience such as that of Greenberg and colleagues, but which fundamentally is not framed as resilience; (ii) many studies in other domains that individually are about features or processes that resilience enabling work identifies as important, for example work on the influence of deaf role models on family support and deaf child development (Sutherland, Griggs and Young, 2003), but the impact of which is not considered in terms of resilience; (iii) resilience specific work in deafness that is beginning to open up, at a theoretical level, the identification of resilience related characteristics and strategies in deaf young people but which says nothing about the application of these to practice; (iv) little if any interrogation of professional practice from the perspective of resilience theory/theories that seeks to identify the extent to which professional support systems might support or stifle the growth of resilient families, communities, or young people.

### **Summary analysis**

Having thus reviewed the concept and application of resilience and resilience frameworks in the mainstream literature and considered its intersections with the deaf child and family contexts and extant deaf-specific resilience literature, what are our conclusions?

The following summarises the main issues to emerge:

In considering the dynamics of how resilience may operate and be promoted, it is more helpful to consider the proximal risk mechanisms associated with deafness rather than thinking about deafness itself as a risk factor.

Outcomes orientated definitions of resilience focussing on achievement against the odds or despite deafness, emphasise success as exceptional rather than normative and paradoxically may reinforce low expectations. Resilience understood from an outcomes perspective also run the risk of being reductionist in its construction of what may count as thriving for deaf children and of promoting particular preferred ways of being for deaf children.

Resilience associated with outcomes of success (however defined) is not an a-political approach. Indeed, from some perspectives resilient deaf children may be those who successfully resist a perceived normative pressure to develop/communicate in a particular way that is regarded as synonymous with resilience.

A focus on the individual becoming equipped to be resilient fails adequately to account for the socio-structural mechanisms that may create and reinforce risk and adversity for deaf children, including discrimination. Placing responsibility with the individual to be resilient can easily de-emphasise the responsibility of society to create the conditions for resilience in how it behaves towards and supports deaf children and families. Both would need to be pursued in tandem for optimum effect.

Reframing resilience in terms of the capacity to navigate positively the experience of deafness in a world that may create risk and adversity in its response to deafness, is a helpful way forward. It brings together the importance of personal repertoires of skills and resources, with an understanding of resilience that acknowledges the social

construction of risk and outcome, whilst emphasising the increased vulnerability of deaf children to many factors that may work against them becoming resilient.

Many factors known to be protective and promotive in enabling resilience are ones that may be difficult to or differently achieved for deaf children e.g. repertoires of coping styles, positive self esteem. There is, therefore, no easy application of mainstream knowledge to the deaf child and family context without careful consideration of how that context may challenge or modify pre-existing approaches to resilience building. This is potentially a significant future area of both research and professional practice.

Some known resilience building strategies may be highly applicable in the case of deaf children (mentoring, opportunities for responsibility, expansion of experience including risk taking etc), but how they may be achieved may be different. For example, the mismatch of communication preference, ability, skill, capacity between deaf children and those around them may mean that there are experiences that are: denied to them (through assumed needs to be protective); unavailable in the same way (learning through peer social groups); or not considered relevant (the range of experiences from which deaf children may benefit will be reduced by the assumptions of others). We have no clear empirical evidence of such mechanisms in respect of resilience and deaf children. These conclusions are extrapolations that would require empirical verification.

The empirical evidence base for resilience and deaf children is very small although many inferences can be made (as above). This may be because there is a host of work

happening to support the abilities of deaf children and young people to navigate their world effectively and avoid unnecessary risk and adversity that simply has not been branded resilience, e.g. (Greenberg and Kusche, 1993). This raises the question of whether, therefore, it is of any help to apply a resilience framework to this context. In other fields one of the strongest arguments for its application has been that it begins to orientate practitioners and families towards positive psychology. That is to say, the recognition of and building of strengths in situations of adversity, rather than an emphasis on the pathological and dysfunctional requiring remediation. In the field of deaf children and families it may indeed be very helpful to use resilience as a means of reframing child and family experience as well as professional intervention and assessment, but research of the effects of such would also have to be undertaken.

There is a small amount of evidence that is beginning to suggest: (i) that whilst the same issues associated with resilience are applicable to the deaf context, we understand very little about how variables associated the deafness context may modify the dynamics of resilience (whether understood in terms of factors, processes, mechanisms or pathways); (ii) there may be context specific realisations of resilience that grow out of the experience of deafness that are highly original to that experience and that in turn may inform the more mainstream understanding of resilience (e.g. a factor such as comfort with solitude and how it operates effectively). However, we are in our infancy in exploring such questions.

Resilience, although with many caveats, may be a helpful way forward in focussing people's minds (professionals, parents, those who work with deaf young people) on being more deliberate in their attention to strategies and resources that build capacity in the individual *and* which challenge the structures and approaches that do not optimally enable or reveal the resilience of deaf young people. The individual and socio-structural need to go hand in hand in order to avoid the divisive potential of resilience as an approach that separates the successful from the failing and which reinforces normative standards of what it is to be successful that work against the diversity of d/Deaf adults into which deaf young people will grow.

### **Conclusion**

Resilience is an enticing concept, offering a positive response to what, for many children, may be experiences of acute and/or sustained adversity, disadvantage harm and pain. However, seeking to enable resilience is not just a matter of individual capacity building or family support, it is also a matter of challenging a range of social and structural barriers. For deaf children, the successful navigation of being deaf in a world which faces them with countless daily hassles and that may commonly deny, disable or exclude them, is a key definition of resilience. For such successful navigation to occur, a range of protective resources and repertoires of skills promoted through challenging experiences of risk and responsibility have to be promoted. This much we understand from the application of many insights within the mainstream literature. *How* that is to occur however, remains largely untested in research or practice with deaf children and families. Whether resilience is just a new label for a host of work that has already been occurring

remains an open question, perhaps only answered by expanding research in this field from within specifically resilience theoretical frameworks. Where, in a limited way, such research has occurred, the highly specific experience of deaf young people has begun to open up new understandings of what it might be to be *resilient and deaf* through its identification of factors that arise from inside that experience and perhaps no other.



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